



**State Fire Marshal's Office**  
South Dakota Department of Public Safety  
118 West Capitol Avenue  
Pierre, South Dakota 57501-2000

605.773.4513 (Office)      605.773.6631(Facsimile)

## **SD Firefighter Essentials Grant Program Project Agreement**

Grantee Agency:		
Project Title: <b>Firefighter Essentials Courses</b>		
Address:		
City:	<b>South Dakota</b>	Zip:
Project Director:	Email:	
Phone:	Fax:	
Project Title:		Start / End Date:

The Grantee Agency signature below confirms acknowledgement that the Agency agrees to adhere to the terms, assurances, and conditions of herein below. The State Fire Marshal Signature indicates approval of the project outlined in this agreement.

\_\_\_\_\_  
Grantee Agency Authorized Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paul Merriman  
State Fire Marshal

\_\_\_\_\_  
Date

## Conditions of Award

### Agreement Requirements

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1. **Grantees** will provide for the Firefighter Essentials Course (Unit I, Unit II testing, and practical competencies). The course shall be open to all South Dakota firefighters.
2. **Procurement of Materials and Equipment.** Grantees will not use State equipment, supplies or facilities.
3. **Completion Date.** The Firefighter Essentials Class must be completed 12 months from the agreement start date.
4. **Reimbursement.** The State will make payment of services in the amount of \$750.00 to the grantee agency upon satisfactory completion of the Firefighter Essentials Course.
5. **Project Directors.** The Project Director, as specified on the signature page of this agreement, must be an employee of the agency or the agency's governing body.
6. **Hold Harmless.** The agency agrees to hold harmless and indemnify the State of South Dakota, its officers, agents, and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require agency to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.
7. **W9 Form.** A W9 form must be submitted with all grant applications. A link to a printable form may be found at: [http://bfm.sd.gov/vendor/Substitute\\_W-9\\_SD.pdf](http://bfm.sd.gov/vendor/Substitute_W-9_SD.pdf)
8. **Applications.** Applications may be submitted for programs or courses that started on or after September 1, 2012. Applications will be accepted on a first come first serve basis.

**REIMBURSEMENT REQUEST FORM**  
**SD FIREFIGHTER ESSENTIALS GRANT PROGRAM**

Grantee Agency: \_\_\_\_\_

Remit Payment to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions:** Please mail, fax or email this request form along with a written statement signed by the grantee that the course has been completed prior to the agreement end date.

**I, the undersigned, do hereby declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Submit completed form to: Paul Merriman  
Office of the State Fire Marshal  
Department of Public Safety  
118 W Capitol Ave.  
Pierre, SD 57501  
Fax: 605-773-6631  
[Paul.merriman@state.sd.us](mailto:Paul.merriman@state.sd.us)